

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/019727**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		①		1		
6		1		1		
7		①		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		①		1		
15		①		1		
16		1		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	16	↓		↓
TOTAL CLAIMS			16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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